

**US ARMY MEDICAL RESEARCH AND MATERIEL COMMAND (USAMRMC)
CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS (CDMRP)
FISCAL YEAR 2017 (FY17) BREAST CANCER RESEARCH PROGRAM (BCRP)**

DESCRIPTION OF REVIEW PROCEDURES

The programmatic strategy implemented by the FY17 BCRP called for applications in response to the Breakthrough Award Levels 3 and 4 program announcement (PA) released in May 2017.

Pre-applications were received for the Breakthrough Award Level 4 in June 2017 and screened in July 2017 to determine which investigators would be invited to submit a full application. Pre-applications were screened based on the evaluation criteria specified in the PA.

Applications were received for this PA in August 2017 and peer reviewed in October 2017. Stage 1 programmatic review was conducted in December 2017. Stage 2 programmatic review was conducted in January 2018.

In response to the Breakthrough Award Level 4 PA, 13 pre-applications were received for Funding Level 4. The PIs of three pre-applications were invited to submit full applications. Three compliant applications were received, peer reviewed, and underwent Stage 1 programmatic review. One of these applications was recommended for invitation to Stage 2 programmatic review (oral presentation), and the application was recommended for funding for a total of \$10.9 million (M).

Submission and award data for the FY17 BCRP are summarized in Table 1 below.

Table 1. Submission/Award Data for the FY17 BCRP Programmatic Review

Mechanism	Pre-Applications Received	Applications Invited	Compliant Applications Received	Applications Recommended for Funding (%)	Total Funds
Breakthrough Level 4	13	3	3	1 (33.3%)	\$10.9M

THE TWO-TIER REVIEW SYSTEM

The USAMRMC developed a review model based on recommendations of the 1993 Institute of Medicine (IOM) of the National Academy of Sciences report, Strategies for Managing the Breast Cancer Research Program: A Report to the Army Medical Research and Development Command. The IOM report recommended a two-tier review process and concluded that the best course would be to establish a peer review system that reflects not only the traditional strengths of existing peer review systems, but also is tailored to accommodate program goals. The Command has adhered to this proven approach for evaluating competitive applications. An application must be favorably reviewed by both levels of the two-tier review system to be funded.

THE FIRST TIER—Scientific Peer Review

Breakthrough Award Level 4 applications were peer reviewed in October 2017 by a panel of researchers, clinicians, and consumer advocates based on the evaluation criteria specified in the PA.

The peer review panel included a Chair, scientific reviewers, biostatisticians, consumer reviewers, and a nonvoting Scientific Review Officer. The primary responsibility of the panelists was to review the technical merit of each application based upon the evaluation criteria specified in the PA.

Individual Peer Review Panels

The Chair for the panel presided over the deliberations. Applications were discussed individually. The Chair called upon the assigned reviewers for an assessment of the merits of each application using the evaluation criteria published in the PA. Following a panel discussion, the Chair summarized the strengths and weaknesses of each application, and panel members then rated the applications confidentially.

Application Scoring

Evaluation Criteria Scores: Panel members were asked to rate each peer review evaluation criterion as published in the PA. A scale of 1 to 10 was used, with 1 representing the lowest merit and 10 the highest merit, using whole numbers only. The main reasons for obtaining the criteria ratings were to (1) place emphasis on the published evaluation criteria and provide guidance to reviewers in determining an appropriate overall score, and (2) provide the applicant, the Programmatic Panel, and the Command with an informed measure of the quality regarding the strengths and weaknesses of each application. The evaluation criteria scores were not averaged or mathematically manipulated in any manner to connect them to the global or percentile scores.

Overall Score: To obtain an overall score, a range of 1.0 to 5.0 was used (1.0 representing the highest merit and 5.0 the lowest merit). Reviewer scoring was permitted in 0.1 increments. Panel member scores were averaged and rounded to arrive at a two-digit number (1.2, 1.9, 2.7, etc.). The following adjectival equivalents were used to guide reviewers: Outstanding (1.0–1.5), Excellent (1.6–2.0), Good (2.1–2.5), Fair (2.6–3.5), and Deficient (3.6–5.0).

Summary Statements: The Scientific Review Officer on the panel was responsible for preparing a Summary Statement reporting the results of the peer review for each application. The Summary Statements included the evaluation criteria and overall scores, peer reviewers' written comments, and the essence of panel discussions. This document was used to report the peer review results to the Programmatic Panel. It is the policy of the USAMRMC to make Summary Statements available to each applicant when the review process has been completed.

THE SECOND TIER—Programmatic Review

Stage 1 programmatic review, held in December 2017, and Stage 2 programmatic review, held in January 2018, were both conducted by the FY17 Programmatic Panel, comprised of a diverse group of basic and clinical scientists and consumer advocates, each contributing special expertise or interest in breast cancer. Programmatic review is a comparison-based process that considers scientific evaluations across all disciplines and specialty areas. Programmatic Panel members do not automatically recommend funding applications that were highly rated in the technical merit review process; rather, they carefully scrutinize applications to allocate the limited funds available to support each of the award mechanisms as wisely as possible.

The criteria for programmatic review published in the Breakthrough Award Levels 3 and 4 PA were as follows: Stage 1 – Ratings and evaluations of the peer reviewers; relevance to the mission of the Defense Health Program and FY17 BCRP; relative impact; program portfolio composition; and adherence to the intent of the award mechanism. Stage 2 (Funding Level 4) – Understanding of barriers to overcome in the overarching challenge selected/ identified; articulation of a realistic vision for transitioning the results of the project into a near-term clinical impact for individuals with, or at risk for, breast cancer; and capability to lead efforts to transform and revolutionize the clinical management and/or prevention of breast cancer. After Stage 2 programmatic review, the Commanding General, USAMRMC, and the Director of the Defense Health Agency, Research, Development and Acquisition Directorate approved funding for the application recommended during programmatic review.